

a. T Code 13196

**TEXAS FRANCHISE TAX
PUBLIC INFORMATION REPORT**

MUST be filed with your Corporation Franchise Tax Report

c Taxpayer identification number 1-74-1279728-8	d Report year 2001
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Corporation name and address
WEST FLOUR MILL INC
PO BOX 6
WEST TX 76691-0006
ECRU459
2H15-9282
10-30-01

CODE 00990
113213
TAX TYPE REASON CODE

e PIR/IND 1, 2, 3, 4
Secretary of State file number or, if none, Comptroller unchartered number
g
Item k on Franchise Tax Report form, Page 1 00138925-00 3

The following information MUST be provided for the Secretary of State (SOS) by each corporation or limited liability company that files a Texas Corporation Franchise Tax Report. The information will be available for public inspection.

"SECTION A" MUST BE COMPLETE AND ACCURATE.

If preprinted information is not correct, please type or print the correct information.

Please sign below!



Blacken this circle completely if there are currently no changes to the information preprinted in Sections A, B, and C of this report

Corporation's principal office
Principal place of business

SECTION A. Name, title and mailing address of each officer and director. Use additional sheets, if necessary.

NAME SRUBAR, ROMAN	TITLE S	DIRECTOR <input checked="" type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS 612 S MARABLE WEST, TX 76710				
NAME PLASEK, E W *JR *MRS	TITLE VP	DIRECTOR <input checked="" type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS 214 BROUGHTON DR WACO, TX 76710				
NAME PLASEK, E W *JR	TITLE P	DIRECTOR <input checked="" type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS 214 BROUGHTON DR WACO, TX 76710				
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS				
NAME	TITLE	DIRECTOR <input type="checkbox"/> YES	Social Security No. (Optional)	Expiration date (mm-dd-yyyy)
MAILING ADDRESS				

SECTION B. List each corporation or limited liability company, if any, in which this reporting corporation or limited liability company owns an interest of ten percent (10%) or more. Enter the information requested for each corporation. Use additional sheets, if necessary.

Name of owned (subsidiary) corporation None	State of incorporation	Texas SOS file number	Percentage interest
Name of owned (subsidiary) corporation	State of incorporation	Texas SOS file number	Percentage interest

SECTION C. List each corporation or limited liability company, if any, that owns an interest of ten percent (10%) or more in this reporting corporation or limited liability company. Enter the information requested for each corporation or limited liability company. Use additional sheets, if necessary.

Name of owning (parent) corporation None	State of incorporation	Texas SOS file number	Percentage interest
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Registered agent and registered office currently on file (Changes must be filed separately with the Secretary of State)

Agent E W PLASEK JR
Office 214 BROUGHTON
WACO, TX 76710

☐ Blacken this circle if you need forms to change this information

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief and that a copy of this report has been mailed to each person named in this report who is an officer or director and who is not currently employed by this corporation or limited liability company or a related corporation.

sign here [Signature]	Officer, director, or other authorized person	Title Pres	Date 10-30-01	Daytime phone (Area code and number) 254 826 4444
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